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The primary goal of reading clinics is to help disabled readers. However, clinics also help teachers diagnose reading disabilities and recommend remediation. They help implement research on the effects of special instruction, the causes of reading disabilities, the effectiveness of diagnostic tests, and other related factors. They may also train reading teachers, specialists, and clinicians. Reading clinics may be private or part of a public school system or university. To function effectively, they should be established on sound principles, be well-equipped, and staffed by trained personnel. They should give prime consideration to their clientele, their objectives, and to the implementation and evaluation of these objectives. (NS)

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"READING CLINICS" HELPING THE DISABLED READER THROUGH SPECIAL SERVICES

In a discussion of reading clinics as a vehicle through which disabled readers are helped it would seem to be desirable first to look at the various kinds of reading clinics. Following this, we will examine the functions of reading clinics and finally, outline the basic considerations in developing a reading clinic.

First, let us define the term "reading clinic" so that there will be a common base of understanding from which to proceed. As used in this paper, reading clinic will be considered an institution whose primary function is to diagnose reading disability and prescribe and provide remediation.

Principally, there are three kinds of reading clinics: (1) the private reading clinic, (2) the public school reading clinic and (3) the university reading clinic. While one of the long range goals or objectives of each type is to help disabled readers, there are other immediate, short term, and long range objectives which will differ, and justifiably so, among them.

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The private reading clinics are usually developed by individuals or groups of individuals who have skills and compentencies they wish to sell. While one of their primary objectives is pecuniary gain, this within itself is not objectionable. Even though no man lives by bread alone, neither does he live long without it. At the present time there are no legal requirements as to proof of the competency of individuals who wish to establish a private reading clinic. There are abounding throughout our land "dyslexia clinics" operated by anyone who can spell the word and staffed by "clinicians" who have never had any course work relating to reading or reading skills.

Many times the teaching of reading is incorporated in an educational evaluation clinic or center. Again in this situation, it is not required that those who operate or serve as clinicians be certified as reading specialists or clinicians.

However, there are a number, and it is growing, of competent, trained and certified people who feel that they prefer to offer their services on an individual and private basis. These people are professional in their relationships with clients. They make no wild promises about the results of special techniques such as patterning, walking boards or other attention getting devices. These private clinics provide an opportunity for persons who may prefer to seek help from a private source rather than from a public school or university clinic.

There should be no objection to private reading clinics but there should be a way developed to assure that those who seek, and pay for, services for reading disabilities are diagnosed and treated by professionally

trained reading people.

The public school reading clinic is becoming a fixture in many school systems. The St. Louis school system provides the most outstanding example of a pioneer effort in the establishment of a public school reading clinic in the mid-1940's. The description of the organizational pattern and procedures in clinical practice are still used as guidelines for school systems in setting up reading clinics.

Public school clinics may vary in size or in scope of activities. Some school systems set up a reading clinic as a unit almost unto itself, while others include it in a center with access to other kinds of special help. In recent years, with the advent of Title I and Title III funds, public school reading clinics have multiplied and expanded. Innovative concepts in clinical services have been developed. One that seems to hold a great deal of promise is the mobile reading clinic. Mobile diagnostic units have been set up and are in use in several school systems to provide services to students who would not be reached otherwise. This eliminates the need for providing transportation for students to a centralized point and also takes care of the ever present problem of space for clinical services.

More and more public schools are approaching learning disabilities from the multi-disciplinary viewpoint so that, instead of reading clinics, guidance clinics, psychological clinics, etc., we have child study centers which incorporate all these services. In settings of this type the skills of the various clinical people are incorporated to give clinicians a better look at the total child.

A number of states have developed certification requirements for reading specialists and clinicians. This helps to insure that properly trained professional people will be working with children referred for reading disabilities. Most of our states are moving toward establishing certification requirements for reading specialists and clinicians.

The university or college reading clinic may be classified in two large categories. It may be part of the institution's training program in teacher education and offer services to elementary and secondary school children or it may be offering clinical services to students of the university who have reading and study problems. It may be a combination of both. Since the second function is not as relevant to the theme of these discussions, we will consider the university reading clinic as having three primary objectives. These are (1) to train reading teachers, specialists and clinicians, (2) to promote research in the teaching of reading and in causes, prevention and remediation of reading disabilities, and (3) to provide services for disabled readers.

In examining the functions of reading clinics, it is observed again that private, public school and university reading clinics have at least one function in common. All three have the ultimate objective of helping disabled readers. Other objectives may be divergent but without this basic one there is no reason for the existence of any reading clinic. Another function of a reading clinic is to provide classroom teachers with assistance in determining what reading disability exists and recommendations as to remedial treatment. A third function of reading clinics may be the implementation of research which will investigate the

effects of certain kinds of reading instruction, causal factors in reading disability, effectiveness of diagnostic tests and other factors related to the reading process. Research in the area of prevention of reading disability should be of great interest to the reading clinic, and not enough is being done to try to determine more effective ways of preventing reading problems from developing. Reading clinics have in the files of their clients a vast amount of data that may be useful in research studies and which, when analyzed, will help to improve the teaching of reading. A fourth function, which is unique with university and college reading clinics, is that of training reading teachers, specialists and clinicians. All colleges which train teachers offer some training in the teaching of reading. If the college offers only a baccalaureate degree there may be only one or two course offerings in the area of reading. However, at the graduate level, the university which offers a graduate program in reading will train students in at least the basic fundamentals of developments reading, diagnosis and remediation. Many states require twenty-seven semester hours in reading and related areas for certification as a reading specialist. Graduate programs in reading education are developed to meet or surpass the minimum requirements set up by the International Reading Association.

The development of a reading clinic involves four basic considerations: (1) clientele, (2) the objectives or purposes of a reading clinic, (3) implementation of objectives, and (4) evaluation of objectives.

Having just been through the process of developing a reading clinic the writer is well aware of the many trials and tribulations of such an

effort. However, there is one factor that seems to be unlimited. There will be more requests for service than will be possible to accept. Teachers who are concerned, parents who are frantic and persons who have reading problems are constantly seeking help for cases of reading disability which defy the regular patterns of instruction. Many times a parent, after discovering that there is a reading clinic available, will comment something like, "It's like finding a door in what I thought was a blank wall."

Some reading centers focus on adults, some serve only elementary school pupils, others only secondary or college students. Of course, there are those who provide service for all ages. The type of client served may be determined by whether the clinic is private, public school, or university operated. However, before any of the other considerations can be examined a decision as to the type of client must be made.

Once this decision is made the objectives or purposes for the development of a reading clinic must be examined. Again these objectives may depend upon the type of clinic and certainly on the type of client to be served. There are reading clinics which offer only diagnostic services, others may provide only remedial services, some have the development of new methods and material as one of their primary objectives, while there are clinics which are concerned with research and dissemination of research findings. University clinics will usually incorporate all these objectives and include teacher training as a primary objective. Obviously, the determination of objectives is the second important step in the development of a reading clinic.

Following this, procedures must be developed to implement the objectives. How will the population be selected? Criteria must be established for this selection. Generally speaking, one criterion will have to do with the relation of mental age to chronological age and achievement. While help for slow learners and mentally retarded is obligatory, these students do not necessarily fit into the category of disabled reader. We will define a disabled reader as one who is reading one or more years below his capacity. The use of an individual intelligence test and a survey reading test or informal reading inventory gives us this type of information. Then, as mentioned before, age will be another criterion depending upon the objectives of the clinic. Another may relate to the nature of the disability. Once the population is selected then begins the diagnosis of the reading disabilities.

Decisions as to how much and what kind of information is needed must be made. A minimum would include background information about a client including school records, health records and records of any other efforts that had been made to assist with the problem. In addition, information should be gathered to indicate the capacity of the client and his present functioning level. If recent information is not available relative to such physical factors as vision, hearing, and general health it should be obtained. Diagnostic information concerning the clients abilities and disabilities in word attack skills and comprehension skills must be collected as well as information about interests, self-concept and ambitions for himself.

If the reading clinic operates as a diagnostic unit, these data will yield the minimum amount of information necessary. However, if the clinic's function is also to provide remedial treatment, then records must be kept to indicate methods and materials used in correcting disabilities discovered in the diagnosis. A log or anecdotal record describing activities and materials should be written each time the client is seen by a clinician. If a clinic is developing new materials or methods, records of this type plus evaluative data are vital.

Those reading clinics concerned with research will need to collect information and keep records of the kinds described above in addition to collecting data regarding phenomena being examined. The clinic which has teacher training as one of its objectives must keep additional records concerning the behavior of the teacher-trainee. Record-keeping becomes a rather exhaustive task, but if the aims of the clinic are to be accomplished and evaluated effectively it is a very necessary task.

Implementation of objectives necessitates a staff of qualified people. In order to carry out even the most basic objectives of a reading clinic the following positions should be included: (1) a director who is highly trained and competent in the field of reading (2) teachers or clinicians who work under the supervision of the directors (these teachers or clinicians should either be certified in reading or be trainees in supervised clinical practice) (3) a stenographer and (4) the services readily available of such people as a school psychologist, a guidance counselor and a social worker.

Materials and equipment needed will vary from clinic to clinic, but there are types of material applicable to all reading clinics. Tests as already described are required. Materials to provide remediation will include commercial and teacher-made activities to develop specific word attack and comprehension skills, books of high interest level and low vocabulary count. A reading clinic has an obligation to use new materials and equipment being developed in order to assess their effectiveness. Equipment such as a tachistiscope, a recorder, stories on film strips designed to move at varying rates of speed and other audio visual devices are available. However, the emphasis should always be on material that will help correct disabilities, be applicable to the reading level of the child and be highly motivational.

A reading clinic that is to be effective must constantly evaluate itself and be evaluated by others in order to achieve its objectives. Procedures should be set up to insure that just as continuous diagnosis goes on with the disabled reader so will there be continuous evaluation of the reading clinics. Careful collection and interpretation of data is necessary. Evaluation by those who are served by the clinic can give a great deal of valid information that will help to define objectives more precisely, expand or contract them and develop more proficiency in meeting the needs of the disabled reader.

Reading clinics have an opportunity and an obligation to provide leadership in improving the instruction of reading and helping children overcome their disabilities in reading. We also have a responsibility

to insure that they are established on sound principles and staffed by competent professional personnel.